Code

Description

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.** 

Codes and/or text that appear in italics below are specifically intended to clarify the delivery of benefits under the DeltaCare program and are not to be interpreted as CDT-4 procedure codes, descriptors or nomenclature which are under copyright by the American Dental Association.

Code

Description

ENROLLEE PAYS

Code	Description	<u> </u>	Code	Description	PAYS
D0100-	D0999 I. Diagnostic		D2000	-D2999	III. Restorative
D0120	Periodic oral evaluationNo C	ost	Include	s polishind	g, all adhesives and bonding agents, indirect pulp capping,
D0140	Limited oral evaluation - problem focused No C	ost			acid etch procedures.
D0150	Comprehensive oral evaluation		* Opt	ional is det	fined as any alternative procedure presented by the Contract
	- new or established patient No C	ost	Der	ntist that s	satisfies the same dental need as a covered procedure, is
D0160	Detailed and extensive oral evaluation		cho	sen by the	Enrollee, and is subject to the limitations and exclusions of
	- problem focused, by report No C	ost	the	program.	. The applicable charge to the Enrollee is the difference
D0170	Re-evaluation - limited, problem focused		bet	ween the C	Contract Dentist's "filed fee" for the Optional procedure and
	(established patient; not post-operative visit) No C	ost	the	"filed fee" i	for the covered procedure, plus any applicable Copayment
D0180	Comprehensive periodontal evaluation		for	the covere	ed procedure. Optional treatment does not apply when
	- new or established patient No C	ost	alte	rnative ch	noices are benefits. "Filed fees" mean the Contract Dentist's
D0210	Intraoral radiographs - complete series		fees	on file wit	th PMI. Questions regarding the DeltaCare program should
	(including bitewings)		be d	directed to	PMI's Customer Relations department at (800) 422-4234.
	- limited to 1 series every 24 months No C	ost	¹ And	amalgam .	is the benefit.
D0220	Intraoral - periapical first film No C	ost	<sup>2</sup> Bas	e or noble	e metal is the benefit. High noble metal (precious), if used,
D0230	Intraoral - periapical, each additional film No C	ost	will	be charge	ed to the Enrollee at the additional maximum cost to the
D0240	Intraoral - occlusal film No C	ost	Enre	ollee of \$10	00.00 per tooth. If a cast post and core is made of high noble
D0270	Bitewing radiograph - single film No C	ost	met	tal, an ada	ditional fee up to \$100.00 per tooth will be charged for the
D0272	Bitewings radiographs - two films No C	ost	ирд	raded pos	st and core.
D0274	Bitewings radiographs - four films		<sup>3</sup> Porc	elain and o	other tooth-colored materials on molars are considered a material
	- limited to 1 series every 6 months No C				n maximum additional charge to the Enrollee of \$150.00.
D0330	Panoramic film No C				is subject to a limitation requiring the existing restoration
D0460	Pulp vitality testsNo C		to b	e 5+ years	s old.
D0470	Diagnostic casts No C	ost	D2140	Amalga	am - one surface, primary or permanent No Cost
D0472	Accession of tissue, gross examination,		D2150	_	am - two surfaces, primary or permanent No Cost
	preparation and transmission of written report No C	ost	D2160	_	am - three surfaces, primary or permanent No Cost
D0473	Accession of tissue, gross and microscopic examination,		D2161	Amalga	am - four or more surfaces,
	preparation and transmission of written report No C	ost		prim	nary or permanentNo Cost
D0474	Accession of tissue, gross and microscopic examination,		D2330	Resin-b	pased composite - one surface, anterior No Cost
	including assessment of surgical margins		D2331	Resin-b	pased composite - two surfaces, anterior No Cost
	for presence of disease, preparation and		D2332	Resin-b	pased composite - three surfaces, anterior No Cost
	transmission of written report No C	.ost	D2335	Resin-b	pased composite - four or more surfaces
D0999	Unspecified diagnostic procedure, by report			or in	volving incisal angle (anterior) No Cost
	- includes office visit, per visit		D2390		pased composite crown, anterior No Cost
	(in addition to other services)No C	.ost	D2391		pased composite - one surface, posterior * 1 Optional
D1000	D1999 II. Preventive		D2392		pased composite - two surfaces, posterior * 1 Optional
D1110	Prophylaxis cleaning - adult - 1 per 6 month period No C	·oct	D2393		pased composite
D1110 D1120			Dagas		ee surfaces, posterior * 1 Optional
D1120	Topical application of fluoride (including prophylaxis)	.031	D2394		pased composite
D1201	- child - to age 19; 1 per 6 month period	oct			r or more surfaces, posterior * 1 Optional
D1203	Topical application of fluoride (prophylaxis not included)	.031	D2510		metallic - one surface <sup>2,4</sup> No Cost
D1203	- child - to age 19; 1 per 6 month period	ost	D2520		metallic - two surfaces <sup>2,4</sup>
D1330	Oral hygiene instructions		D2530	-	metallic - three or more surfaces <sup>2,4</sup>
D1350	Sealant - per tooth	.031	D2542		- metallic - two surfaces <sup>24</sup>
2.331	- limited to permanent molars through age 15\$ 10	00	D2543		- metallic - three surfaces <sup>2,4</sup>
D1510	Space maintainer - fixed - unilateral\$ 25		D2544		- metallic - four or more surfaces <sup>2,4</sup>
D1515	Space maintainer - fixed - bilateral\$ 25		D2610		porcelain/ceramic - one surface * 4 Optional
D1519	Space maintainer - removable - unilateral \$ 25		D2620		porcelain/ceramic - two surfaces * 4 Optional
D1525	Space maintainer - removable - bilateral \$ 25		D2630		porcelain/ceramic ee or more surfaces * <sup>4</sup> Optional
D1550	Recementation of space maintainer			- thre	ee or more surfaces " ' Optional

# **Description of Benefits and Copayments**

Code	Description ENRO PAY	LLEE YS	Code	Description ENROLLEE PAYS
D2642	Onlay - porcelain/ceramic - two surfaces * 4 Option	onal	D3000-	D3999 IV. Endodontics
D2643	Onlay - porcelain/ceramic - three surfaces * 4 Option	onal	5 A bei	nefit for permanent teeth only.
D2644	Onlay - porcelain/ceramic		D3110	Pulp cap - direct (excluding final restoration) No Cost
	- four or more surfaces * 4 Option	onal	D3120	Pulp cap - indirect (excluding final restoration)
D2650	Inlay - resin-based composite - one surface * 4 Option	onal	D3220	Therapeutic pulpotomy (excluding final restoration)
D2651	Inlay - resin-based composite - two surfaces * 4 Option	onal	D3220	- removal of pulp coronal to the dentinocemental
D2652	Inlay - resin-based composite			junction and application of medicament
	- three or more surfaces * 4 Option	onal	D3221	Pulpal debridement, primary and permanent teeth \$ 10.00
D2662	Onlay - resin-based composite - two surfaces * 4 Option		D3230	Pulpal therapy (resorbable filling) - anterior,
D2663	Onlay - resin-based composite - three surfaces * 4 Option		D3230	primary tooth (excluding final restoration)
D2664	Onlay - resin-based composite		D3240	Pulpal therapy (resorbable filling) - posterior,
	- four or more surfaces * 4 Option	onal	D32+0	primary tooth (excluding final restoration)
D2710	Crown - resin (indirect) 3,4 \$ 5		D3310	Root canal - anterior (excluding final restoration) 5 \$ 45.00
D2720	Crown - resin with high noble metal <sup>2,3,4</sup> \$ 9		D3310	Root canal - bicuspid (excluding final restoration) 5 \$ 90.00
D2721	Crown - resin with predominantly base metal 3,4		D3320	Root canal - molar (excluding final restoration) 5
D2722	Crown - resin with noble metal 3,4 \$ 9		D3336	Retreatment of previous root canal therapy
D2740	Crown - porcelain/ceramic substrate 3,4\$ 9		D3340	- anterior <sup>5</sup> \$ 65.00
D2750	Crown - porcelain fused to high noble metal 2,3,4		D3347	Retreatment of previous root canal therapy
D2751	Crown - porcelain fused to predominantly		D3347	- bicuspid <sup>5</sup> \$110.00
	base metal <sup>3,4</sup> \$ 9	0.00	D3348	Retreatment of previous root canal therapy - molar <sup>5</sup> \$155.00
D2752	Crown - porcelain fused to noble metal 3,4 \$ 9		D3340	Apicoectomy/periradicular surgery - anterior 5 \$ 60.00
D2780	Crown - ¾ cast high noble metal <sup>2,4</sup> \$ 9		D3410	Apicoectomy/periradicular surgery
D2781	Crown - 3/4 cast predominantly base metal 4 \$ 9		D3 <del>7</del> 21	- bicuspid (first root) <sup>5</sup> \$ 60.00
D2782	Crown - ¾ cast noble metal ⁴\$ 9		D3425	Apicoectomy/periradicular surgery
D2790	Crown - full cast high noble metal <sup>2,4</sup> \$ 9		D3423	- molar (first root) 5 \$ 60.00
D2791	Crown - full cast predominantly base metal 4\$ 9		D3426	Apicoectomy/periradicular surgery
D2792	Crown - full cast noble metal 4\$ 9		D3420	(each additional root) <sup>5</sup>
D2910	Recement inlay No		D3430	Retrograde filling - per root <sup>5</sup>
D2920	Recement crownNo		D3450	Root amputation, per root
D2930	Prefabricated stainless steel crown - primary tooth \$		D3430	- not covered in conjunction with procedure D3920 5 No Cost
D2931	Prefabricated stainless steel crown			- Not covered in conjunction with procedure D3920 No Cost
	- permanent tooth\$	5.00	D4000-	D4999 V. Periodontics
D2932	Prefabricated resin crown - anterior primary tooth \$ 1			preoperative and postoperative evaluations and treatment under a
D2933	Prefabricated stainless steel crown with resin window		local and	
	- anterior primary tooth \$ 1.	5.00		
D2940	Sedative filling\$ 1		D4210	Gingivectomy or gingivoplasty - four or more contiguous
D2950	Core buildup, including any pins\$ 1			teeth or bounded teeth spaces per quadrant \$125.00
D2951	Pin retention - per tooth, in addition to restoration \$ 1		D4211	Gingivectomy or gingivoplasty
D2952	Cast post and core in addition to crown			- one to three teeth, per quadrant\$ 25.00
	- includes canal preparation <sup>2</sup> \$ 1.	5.00	D4240	Gingival flap procedure, including root planing
D2953	Each additional cast post - same tooth			- four or more contiguous teeth or
	- includes canal preparation <sup>2</sup> \$ 1.	5.00		bounded teeth spaces per quadrant\$125.00
D2954	Prefabricated post and core in addition to crown		D4241	Gingival flap procedure, including root planing
	- base metal post; includes canal preparation	5.00		- one to three teeth, per quadrant \$125.00
D2957	Each additional prefabricated post - same tooth		D4260	Osseous surgery (including flap entry and closure)
	- base metal post; includes canal preparation\$ 1	5.00		- four or more contiguous teeth or
D2970	Temporary crown (fractured tooth)			bounded teeth spaces per quadrant\$250.00
	- palliative treatment only\$ 1.	5.00	D4261	Osseous surgery (including flap entry and closure)
D2980	Crown repair, by report\$ 1			- one to three teeth, per quadrant\$250.00
			D4341	Periodontal scaling and root planing - four or more
				contiguous teeth or bounded teeth spaces
				per quadrant - limited to 4 quadrants during
			_	any 12 consecutive months\$ 15.00
			D4342	Periodontal scaling and root planing,
				one to three teeth, per quadrant - limited to
				4 quadrants during any 12 consecutive months

### **Description of Benefits and Copayments**

Code	Description	PAYS	Code	Description	PAYS
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to</i>		D5821	Interim partial denture (mandibular) - limited to initial placement of interim partial denture /stayplate	
D4910	1 treatment in any 12 consecutive months Periodontal maintenance - limited to		D5850	to replace extracted anterior teeth during healing 6 Tissue conditioning, maxillary 6,7	No Cost
	1 treatment each 6 month period	\$ 12.00	D5851	Tissue conditioning, mandibular <sup>6,7</sup>	No Cost

#### VI. Prosthodontics (removable) D5000-D5899

- Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
- Limited to 1 per denture during any 12 consecutive months.
- Replacement is subject to a limitation requiring the existing denture to be 5+ years old. D5110 Complete denture - maxillary <sup>6,8</sup> .......\$110.00

03110	Complete deficate maximary
D5120	Complete denture - mandibular <sup>6,8</sup> \$110.00
D5130	Immediate denture - maxillary 6,8 \$125.00
D5140	Immediate denture - mandibular 6,8 \$125.00
D5211	Maxillary partial denture - resin base (including any
	conventional clasps, rests and teeth) 6,8 \$125.00
D5212	Mandibular partial denture - resin base (including any
	conventional clasps, rests and teeth) 6,8\$125.00
D5213	Maxillary partial denture - cast metal framework
	with resin denture bases (including any
	conventional clasps, rests and teeth) 6,8\$125.00
D5214	Mandibular partial denture - cast metal framework
	with resin denture bases (including any
	conventional clasps, rests and teeth) 6,8 \$125.00
D5410	Adjust complete denture - maxillary 6 \$ 10.00
D5411	Adjust complete denture - mandibular <sup>6</sup> \$ 10.00
D5421	Adjust partial denture - maxillary 6 \$ 10.00
D5422	Adjust partial denture - mandibular 6 \$ 10.00
D5510	Repair broken complete denture base \$ 20.00
D5520	Replace missing or broken teeth
	- complete denture (each tooth) \$ 10.00
D5610	Repair resin denture base\$ 20.00
D5620	Repair cast framework\$ 20.00
D5630	Repair or replace broken clasp\$ 20.00
D5640	Replace broken teeth - per tooth \$ 10.00
D5650	Add tooth to existing partial denture\$ 10.00
D5660	Add clasp to existing partial denture\$ 10.00
D5710	Rebase complete maxillary denture 7\$ 45.00
D5711	Rebase complete mandibular denture 7\$ 45.00
D5720	Rebase maxillary partial denture 7 \$ 45.00
D5721	Rebase mandibular partial denture 7 \$ 45.00
D5730	Reline complete maxillary denture (chairside) 7 \$ 20.00
D5731	Reline complete mandibular denture (chairside) 7 \$ 20.00
D5740	Reline maxillary partial denture (chairside) 7\$ 20.00
D5741	Reline mandibular partial denture (chairside) 7 \$ 20.00
D5750	Reline complete maxillary denture (laboratory) 7\$ 45.00
D5751	Reline complete mandibular denture (laboratory) 7 \$ 45.00
D5760	Reline maxillary partial denture (laboratory) 7 \$ 45.00
D5761	Reline mandibular partial denture (laboratory) 7 \$ 45.00
D5820	Interim partial denture (maxillary) - limited to initial
	placement of interim partial denture /stayplate
	to replace extracted anterior teeth during healing 6 No Cost

#### D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered

D6000-D6199 **VIII. Implant Services - Not Covered** 

### D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

- Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding the DeltaCare program should be directed to PMI's Customer Relations department at (800) 422-4234.
- Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.
- Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.
- Replacement is subject to a limitation requiring the existing bridge to be

,	5+ years old.						
D6210	Pontic - cast high noble metal <sup>2,9</sup> \$ 90.00						
D6211	Pontic - cast predominantly base metal 9 \$ 90.00						
D6212	Pontic - cast noble metal 9 \$ 90.00						
D6240	Pontic - porcelain fused to high noble metal 2,3,9 \$ 90.00						
D6241	Pontic - porcelain fused to						
	predominantly base metal <sup>3,9</sup> \$ 90.00						
D6242	Pontic - porcelain fused to noble metal 3,9\$ 90.00						
D6245	Pontic - porcelain/ceramic * 9 Optional						
D6250	Pontic - resin with high noble metal <sup>2,3,9</sup> \$ 90.00						
D6251	Pontic - resin with predominantly base metal <sup>3,9</sup> \$ 90.00						
D6252	Pontic - resin with noble metal <sup>3,9</sup> \$ 90.00						
D6600	Inlay - porcelain/ceramic, two surfaces * 9 Optional						
D6601	Inlay - porcelain/ceramic, three or more surfaces * 9 Optional						
D6602	Inlay - cast high noble metal, two surfaces 2,9 No Cost						
D6603	Inlay - cast high noble metal, three or more surfaces <sup>2,9</sup> No Cost						
D6604	Inlay - cast predominantly base metal, two surfaces 9 No Cost						
D6605	Inlay - cast predominantly base metal,						
	three or more surfaces 9No Cost						
D6606	Inlay - cast noble metal, two surfaces 9 No Cost						
D6607	Inlay - cast noble metal, three or more surfaces 9 No Cost						
D6608	Onlay - porcelain/ceramic, two surfaces *9 Optional						
D6609	Onlay - porcelain/ceramic, three or more surfaces * 9 Optional						
D6610	Onlay - cast high noble metal, two surfaces <sup>2,9</sup>						
D6611	Onlay - cast high noble metal, three or more surfaces <sup>2,9</sup> No Cost						
D6612	Onlay - cast predominantly base metal, two surfaces <sup>9</sup> No Cost						

# **Description of Benefits and Copayments**

there or more surfaces "No Cost holisy - cast problem metal two surfaces "No Cost Onlay - cast noble metal two surfaces "No Cost Onlay - cast noble metal two surfaces "No Cost D6720 Crown - resin with high noble metal " 5000 F6721 Crown - resin with high noble metal " 5000 F6721 Crown - resin with high noble metal " 5000 F6720 Crown - procelain fused to high noble metal " 5000 F6730 Crown - procelain fused to high noble metal " 5000 F6730 Crown - procelain fused to high noble metal " 5000 F6730 Crown - Procelain fused to noble metal " 5000 F6730 Crown - Ac ast high noble metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - Ac ast predominantly base metal " 5000 F6730 Crown - full c	Code	Description E	NROLLEE PAYS	Code Description ENROLLEE PAYS
0615 Onlay - cast noble metal, two surfaces * Mo Cost 16672 Crown - resin with high noble metal <sup>243</sup> 5 90.00 16722 Crown - resin with high noble metal <sup>243</sup> 5 90.00 16740 Crown - porcelain fused to high noble metal <sup>243</sup> 5 90.00 167670 Crown - porcelain fused to high noble metal <sup>243</sup> 5 90.00 167671 Crown - porcelain fused to high noble metal <sup>243</sup> 5 90.00 167671 Crown - porcelain fused to high noble metal <sup>243</sup> 5 90.00 167671 Crown - porcelain fused to high noble metal <sup>243</sup> 5 90.00 167672 Crown - porcelain fused to noble metal <sup>243</sup> 5 90.00 167672 Crown - Porcelain fused to noble metal <sup>243</sup> 5 90.00 167678 Crown - % cast predominantly base metal <sup>243</sup> 5 90.00 167678 Crown - % cast predominantly base metal <sup>243</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>243</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>243</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>244</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predominantly base metal <sup>245</sup> 5 90.00 167670 Crown - % cast predomina	D6613			D7471 Removal of lateral exostosis - (maxilla or mandible) No Cost
Separate procedure   Separat				<u> </u>
Section   Sect		· · ·		·
Bodon-Beyon   St. Orthodomic restiment   Seption   Sep				- separate procedure No Cost
Section   Personal Programmer   Section   Se				Denna Denna VI Outhodoutics
Crown - porcelain fused to high noble metal   238   5 90.00				
Crown - procelain fused to high noble metal <sup>2,3</sup>   5 90.00				
The event comprehensive orthodontic treatment is not required or is proportionantly base metals				
predominantly base metals 5 9,000 D6790 Crown - 3c ast high noble metal 28 9,000 D6791 Crown - 3c ast predominantly base metal 9 9,000 D6790 Crown - 4c ast open metal 9 9,000 D6791 Crown - 3c ast predominantly base metal 9 9,000 D6790 Crown - 4c ast noble metal 8 9,000 D6791 Crown - 4c ast noble metal 8 9,000 D6791 Crown - 4c ast noble metal 8 9,000 D6792 Crown - full cast predominantly base metal 9 9,000 D6793 Crown - full cast predominantly base metal 9 9,000 D6793 Crown - full cast noble metal 8 9,000 D6790 Cast post and core in addition to fixed partial denture retainer - includes canal preparation 2 \$ 15.00 D6910 Cast post as part of fixed partial denture retainer - includes canal preparation 2 \$ 15.00 D6910 Cast post as part of fixed partial denture retainer - base metal past, includes canal preparation 5 \$ 15.00 D6913 Crown - full cast post as part of fixed partial denture retainer - base metal post, includes canal preparation 5 \$ 15.00 D6914 Cast post as part of fixed partial denture retainer - base metal past, includes canal preparation 5 \$ 15.00 D6915 Each additional cast post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - base metal post, includes canal preparation 5 \$ 15.00 D6910 Each additional prefabricated post - same tooth - consist and post post post post post post post			Ç 90.00	· · · · · · · · · · · · · · · · · · ·
D6788   Crown - 9   Acast high noble metal   S   9,000	20731	·	\$ 90.00	·
Crown - % cast high noble metal **	D6752			
D6790   Crown - full cast play hoble metal *	D6780			
Crown - full cast predominantly base metal 8   \$ 90.00	D6781	Crown - 3/4 cast predominantly base metal 9	\$ 90.00	months, a monthly fee of \$75.00 applies.
Crown - full cast predominantly base metal 3"   \$ 90.00     Crown - full cast predominantly base metal 3"   \$ 90.00     Crown - full cast protection and placement fixed partial denture   No Cost     Crown - full cast protection for fixed partial denture   No Cost     Crown - full cast protection for fixed partial denture retainer   No Cost     Crown - full cast post and core in addition to fixed partial denture retainer - includes canal preparation   \$ 15.00     D6971	D6782			D8070 Comprehensive orthodontic treatment of the
D6970   Cast post and core in addition to fixed partial denture retainer - includes can preparation 2   \$15.00   D6971   Cast post and core in addition to fixed partial denture retainer - includes can preparation 2   \$15.00   D6972   Prefabricated post and core in addition to fixed partial denture retainer - includes can preparation 2   \$15.00   D6973   Cast post as part of fixed partial denture retainer - includes can all preparation 2   \$15.00   D6974   Freshiricated post and core in addition to fixed partial denture retainer - includes can all preparation 3   \$15.00   D6975   Fabricated post and core in addition to fixed partial denture retainer - includes can all preparation 3   \$15.00   D6976   Each additional cast post - same tooth - includes can all preparation 3   \$15.00   D6977   Each additional prefabricated post - same tooth - includes can all preparation 3   \$15.00   D6980   Fixed partial denture repair, by report 3   \$15.00   D6980   Fixed partial denture repair, by report 4   \$15.00   D7990   D799   X. Oral and Maxillofacial Surgery   D7900   Each additional prefabricated post - same tooth - some metal post includes canal preparation 4   \$15.00   D7900   D799   X. Oral and Maxillofacial Surgery   D7900   D799   X. Oral and Maxillofacial Surgery   D7900   Each additional prefabricated post - same tooth - includes preparation 5   \$15.00   D7900   D799   X. Oral and Maxillofacial Surgery   D7900	D6790			
Degal   Recement fixed partial denture   No Cost   Stress breaker?   No Cost   Daggo   Stress breaker?   No Cost   Daggo   Comprehensive orthodontic treatment of the denture retainer - includes canal preparation?   \$ 15.00   Daggo   Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adult dentition - adults, including interment in adults covered as fulltime students <sup>18</sup> 08000 Pre-orthodontic treatments <sup>18</sup> 08000 Office are adults or prostition procedure(s) <sup>18</sup> No Cost or - as ame tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth - includes canal preparation   \$ 15.00 of seach additional prefabricated post - same tooth -		· · · · · · · · · · · · · · · · · · ·		- child or adolescent to age 19 10\$1600.00
D6940 Stress breaker? No Cost denture retainer includes canal preparation? \$ 15.00 D6971 Cast post as part of fixed partial denture retainer includes canal preparation? \$ 15.00 D6972 Prefabricated post and core in addition to fixed partial denture retainer includes canal preparation? \$ 15.00 D6973 Cast post as part of fixed partial denture retainer includes canal preparation? \$ 15.00 D6974 Prefabricated post and core in addition to fixed partial denture retainer includes properation   \$ 15.00 D6975 Each additional cast post includes canal preparation? \$ 15.00 D6976 Each additional cast post includes canal preparation? \$ 15.00 D6977 Each additional prefabricated post sincludes canal preparation? \$ 15.00 D698 Fixed partial denture repair, by report \$ 15.00 D699 Fixed partial denture repair, by report \$ 15.00 D700 D700 D700 D700 D700 D700 D700 D7				D8080 Comprehensive orthodontic treatment of the
Despois Cast post and core in addition to fixed partial denture retainer relatiner and cultides canal preparation? \$ 15.00  Despois Cast post as part of fixed partial denture retainer relatiner includes canal preparation? \$ 15.00  Despois Fixed partial denture retainer (substituting and preparation) \$ 15.00  Despois Each additional cast post resiming preparation \$ 15.00  Despois Each additional cast post resiming preparation \$ 15.00  Despois Each additional cast post resiming preparation \$ 15.00  Despois Each additional prefabricated post - same tooth - includes canal preparation \$ 15.00  Despois Fixed partial denture repair, by report \$ 15.00  Despois Each additional cast post resiming prefabricated post - same tooth - base metal post; includes canal preparation \$ 15.00  Despois Fixed partial denture repair, by report \$ 15.00  Despois F		·		adolescent dentition - adolescent to age 19 10\$1600.00
denture retainer - includes canal preparation 2 \$ 15.00 D6971 Cast post as part of fixed partial denture retainer - includes canal preparation 2 \$ 15.00 D6972 Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation \$ 15.00 D6973 Core buildup for retainer, including any pins \$ 15.00 D6976 Each additional cast post - same tooth - includes canal preparation \$ 15.00 D6977 Each additional prefabricated post - same tooth - base metal post; includes canal preparation \$ 15.00 D6978 Each additional prefabricated post - same tooth - base metal post; includes canal preparation \$ 15.00 D6979 Each additional prefabricated post - same tooth - base metal post; includes canal preparation \$ 15.00 D6980 Fixed partial denture repair, by report \$ 15.00 D7999 X. Oral and Maxillofacial Surgery D7999 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) . \$ 3.00 D7910 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal . \$ 8.00 D7920 Removal of impacted tooth - soft tissue \$ 40.00 D7921 Removal of impacted tooth - completely bony, with unusual surgical complications \$ \$ 80.00 D7920 Removal of impacted tooth - completely bony, with unusual surgical complications \$ \$ 80.00 D7920 Surgical removal of residual tooth roots Cutting procedure) . No Cost D79210 Alveoloplasty in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty not in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty not in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty not in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty not in conjunction with extractions - per quadrant . \$ 50.00 D7920 Alveoloplasty not in conjunction with extractions - per quadrant . \$ 50.00			No Cost	D8090 Comprehensive orthodontic treatment of the
D6971 Cast post as part of fixed partial denture retainer - includes canal preparation? - includes canal preparation? - base metal post; includes canal preparation - same tooth - includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - same tooth - includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional prefabricated post - same tooth - base metal post; includes canal preparation? - stand additional stand additional initial banding) - stand additional stand additional stand additional s	D6970			
Includes canal preparation   Section   Secti	DC071		\$ 15.00	
D86972 Prefabricated post and core in addition to fixed partial denture retainer places and preparation some places and preparation shared placement of retainers) 12 mol Cost post produced post, includes canal preparation shared placement of retainers) 12 mol Cost post produced properties of the post produced pro	D69/1	· · · · · · · · · · · · · · · · · · ·	¢ 15 00	=
Fixed partial denture retainer   - base metal post; includes canal preparation   \$ 15.00	D6072		\$ 15.00	
Degregation   Section   Degregation   D	D0372	· · · · · · · · · · · · · · · · · · ·		
Core buildup for retainer, including any pins   \$ 15.00     Each additional cast post   - same tooth - includes canal preparation   \$ 15.00     D6977   Each additional prefabricated post - same tooth - base metal post, includes canal preparation   \$ 15.00     D6980   Fixed partial denture repair, by report   \$ 15.00     D700-D7999   X. Oral and Maxillofacial Surgery   D700-D7999   X. Oral and Maxillofacial Surgery     Includes preparative and postoperative evaluations and treatment under local anesthetic.     D7111   Coronal remnants - deciduous teeth (extraction)   \$ 3.00     D7110   Extraction, erupted tooth or exposed root (elevation and/or forceps removal)   \$ 3.00     D7210   Surgical removal of erupted tooth requiring elevation of bone and/or section of tooth   \$ 8.00     D7220   Removal of impacted tooth - soft tissue   \$ 40.00     D7240   Removal of impacted tooth - completely bony   \$ 80.00     D7240   Removal of impacted tooth - completely bony   with unusual surgical complications   \$ 80.00     D7250   Surgical removal of residual tooth roots (cutting procedure)   No Cost     D7260   Surgical removal of residual tooth roots (cutting procedure)   No Cost     D7260   D7260   Alveoloplasty in conjunction with extractions   \$ 50.00     D7261   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260   D7260   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260   D7260   D7260   Alveoloplasty not in conjunction with extractions   \$ 50.00     D7260			\$ 15.00	
Each additional cast post - same tooth - includes canal preparation 2 - same tooth - includes canal preparation 3 - same partial denture repair, by 1000 - seconal remants - deciduous teeth (extraction) 3 - same partial division block anesthe	D6973			
- same tooth - includes canal preparation 2 \$ 15.00 D6977 Each additional prefabricated post - same tooth - base metal post; includes canal preparation			+ .5.00	<u> </u>
Defermance   Def			\$ 15.00	
Display   Disp	D6977			mittal barraing/
Description of mucoperiosteal flap and removal of bone and/or section of tooth seminary and post operatially bony and of macded tooth - soft issue semoval of impacted tooth - completely bony, with unusual surgical complications (cutting procedure) with unusual surgical complications (cutting procedure) support of the following pathology laboratory procedures providing treatment with the pathology laboratory procedures providing the seminary of paragraph and procedure per under the contract Dentist's fleed fees" mean the Contract Dentist's fees on file with PMI. Questions department at (800) 422-4234.		- base metal post; includes canal preparation	\$ 15.00	D9000-D9999 XII. Adjunctive General Services
D7000-D7999 X. Oral and Maxillofacial Surgery Includes preoperative and postoperative evaluations and treatment under local anesthetic.  D7111 Coronal remnants - deciduous teeth (extraction) \$ 3.00 D9211 Trigeminal division block anesthesia No Cost D9215 Local anesthesia No Cost Ucost anesthesia No Cost Ucost Includes (elevation and/or forceps removal) \$ 3.00 D9310 Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment) \$ 10.00 D7210 Surgical removal of erupted tooth requiring elevation of bone and/or section of tooth \$ 8.00 of bone and/or section of tooth \$ 8.00 of bone and/or section of tooth - soft tissue \$ 40.00 D7220 Removal of impacted tooth - partially bony \$ 60.00 D7240 Removal of impacted tooth - completely bony, with unusual surgical complications \$ 80.00 D7240 Removal of impacted tooth - completely bony, with unusual surgical complications \$ 80.00 D7250 Surgical removal of residual tooth roots (cutting procedure) No Cost D7286 Biopsy of oral tissue - soft (all others) - does not include pathology laboratory procedures No Cost D7320 Alveoloplasty in conjunction with extractions - per quadrant - soft in conjunction with extractions D7320 Alveoloplasty not in conjunction with	D6980	Fixed partial denture repair, by report	\$ 15.00	
Dropost				. 3 /
Docal anesthetic.   Docal anesthetic.   Docal anesthesia.   No Cost				
D7111 Coronal remnants - deciduous teeth (extraction) \$ 3.00 D9310 Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment) \$ 10.00 D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth \$ 8.00 D7220 Removal of impacted tooth - partially bony \$ 60.00 D7240 Removal of impacted tooth - completely bony \$ 80.00 D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$ \$80.00 D7250 Surgical removal of residual tooth roots (cutting procedure) \$ No Cost D7280 Alveoloplasty in conjunction with extractions D7320 Alveoloplasty not in conjunction with extractions \$ 5.00 D7320 Alveoloplasty not in conjunction with extractions \$ 1.00 D7320 Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment) \$ 10.00 D7320 Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment) \$ 10.00 D7330 Office visit for observation (during regularly scheduled hours) - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other services performed \$ 5.00 D7940 Office visit - after regularly scheduled hours \$ - no other			nt under	D9212 Trigeminal division block anesthesia No Cost
Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$3.00  D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth \$8.00  D7220 Removal of impacted tooth - soft tissue \$40.00  D7230 Removal of impacted tooth - partially bony \$60.00  D7240 Removal of impacted tooth - completely bony, with unusual surgical complications \$80.00  D7241 Removal of residual tooth roots (cutting procedure) \$80.00  D7250 Surgical removal of residual tooth roots (cutting procedure) \$10.00  D7260 Biopsy of oral tissue - soft (all others) - does not include pathology laboratory procedures	local and	esthetic.		
Comparison of the comparison of the completed tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth of the completed tooth soft tissue of bone and/or section of tooth of the completed tooth soft tissue of bone and/or section of tooth of the bone and/or section of tooth of the section of the bone and/or section of tooth of the bone and/or section of tooth of the section of the bone and/or section of tooth of the bone and/or section of the bone	D7111		\$ 3.00	
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	D7140			
scheduled hours) - no other services performed			\$ 3.00	
of bone and/or section of tooth	D7210			
D7220 Removal of impacted tooth - soft tissue				
D7230 Removal of impacted tooth - partially bony	D7220			= '
D7240 Removal of impacted tooth - completely bony				
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications				
with unusual surgical complications \$80.00 - per 15 minutes of appointment time \$10.00  D7250 Surgical removal of residual tooth roots (cutting procedure) No Cost  D7286 Biopsy of oral tissue - soft (all others) - does not include pathology laboratory procedures No Cost  D7310 Alveoloplasty in conjunction with extractions - per quadrant No Cost  Frocedures not listed above are not covered however may be available at the Contract Dentist's "filed fees".  "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding these fees should be directed to PMI's Customer Relations department at (800) 422-4234.			\$ 60.00	
D7250 Surgical removal of residual tooth roots (cutting procedure)	D/2+1		\$80.00	
Cutting procedure)	D7250		700.00	per 13 minutes of appointment and amminute 4 10.00
D7286 Biopsy of oral tissue - soft (all others) - does not include pathology laboratory procedures		=	No Cost	Procedures not listed above are not covered however may be available at
pathology laboratory procedures	D7286			· · · · · · · · · · · · · · · · · · ·
D7310 Alveoloplasty in conjunction with extractions - per quadrant			No Cost	
D7320 Alveoloplasty not in conjunction with extractions department at (800) 422-4234.	D7310			"Filed fees" mean the Contract Dentist's fees on file with PMI. Questions
			\$ 50.00	
- per quadrant \$ 70.00	D7320			department at (800) 422-4234.
		- per quadrant	\$ 70.00	